GS11Q/TBICO004  AWARDEFFECTIVE DATE 1123/2016  7. FOR SOLICITATION (NO COLLECT ATION) SOLICITATION (NO CORPORATES BY REFERENCE FAR S2212-4, FAR S2212-3 SATE ATTACHED ADDENDA ATTACHED.    276. CONTRACT/PURCHASE ORDER INCORPORATES BY REFERENCE FAR S2212-4,	SOLIC	CITATION/CONTRACT/ORDER F OFFEROR TO COMPLETE BLOCK			1. REQUISITION NUMBER A21287116		PAGES 1 OF (2) PAGE(S)	
SOLICITATION NORMATION CALL:    SENSE BY		004 AWARD/EFFECTIVE DATE	DER NUMBER		5. SOLICITATION NUMBER		6. SOLICITATION ISSUE DATE	
OSA Region 11 Direct K. Higgins 307 In SLEW 308 In SLEW 308 In SLEW 308 In SLEW 309 In SLEW 300 In Sl	SOLICITATION INFORMATION	V			b. TELEPHONE NUMBER (No Co		8. OFFER DUE DATE/ LOCAL TIME	
United States (2005) 236-7311  17a. CONTRACTOR, OFFEROR  18a. PAYMENT WILL BE MADE BY  17b. 16c (2007) 247-2487.  18a. PAYMENT WILL BE MADE BY  17b. 16c (2007) 248-2487.  18b. PAYMENT WILL BE MADE BY  17b. 16c (2007) 248-2487.  17b. 16c (2007) 250-2487.  17b. 16c (2007) 26c	9. ISSUED BY GSA Region 11 Daniel K. Higgin 3017th St.SW WASHINGTON DC 20407-0001 United States 202-708-5627	O Denver Federal Center	UNRESTRIC  SET ASIDE:  SMALL BUS  HUBZONE S  BUSINESS  8(A)  NAICS: 541511 SIG  SIZE STANDARD:  16. ADMINISTERE	TED % FOR INESS MALL C: \$27 Million ED BY	UNLESS BLOCK IS MARKED Destination  NET 30 DAYS / 0.00 % 0 DAYS  13a. THIS CONTRACT IS A RATED ORDER UNDER DPAS (15 CFR 700)  13b. RATING  14. METHOD OF SOLICITATION			
EQUIFAX INFORMATION SERVICES LLC 1550 Peachtree St. NE Altanta, GA 3009-2402 United States 99-566-3026 United States 99-566-3026 United States 99-566-3026 United States 17b. CHECK IF REMITTANCE IS DIFFERENT AND PUT SUCH ADDRESS IN OFFER  19. CHECK IF REMITTANCE IS DIFFERENT AND PUT SUCH ADDRESS IN OFFER  19. SCHEDULE OF SUPPLIES/SERVICES QUANTITY UNIT UNIT PRICE AMOUNT ITEM NO. TASK ITEM DESCRIPTION PREVIOUS MOD AMT MOD CHANGE AMT NEW MOD 0001 Identity Proofing Services Task I-CLIN 0001 0002 Implementation Fee- CLIN 0002 0003 Initial Solution Consulting- CLIN 0003 0004 Implementation Fee- CLIN 00003 0004 Includes Proofing Services Task I-CLIN 0004 0007 The Period of Performance is below: Base Period: 11,23001607/222/2017 Option Period: 07/23/2017-11/22/2017 25. ACCOUNTING AND APPROPRIATION DATA 28. COUNTING AND APPROPRIATION DATA 29. COUNTACTOR IS NOT REQUIRED TO SIGN THIS DOCUMENT AND RETURN COPIES TO ISSUING OFFICE.  27a. SOLICITATION INCORPORATES BY REFERENCE FAR \$2.212-1, \$2.212-4. FAR \$2.212-5 and \$2.212-5 are ATTACHED. ADDENDA ATTACHED.  27b. CONTRACTOR IS NOT REQUIRED TO SIGN THIS DOCUMENT AND RETURN COPIES TO ISSUING OFFICE.  27c. CONTRACTOR AS SOLICITIONS ON ANY ADDITIONAL SHEETS SUBJECT TO THE TERMS AND CONDITIONS SPECIFIED HEREIN.  30a. SIGNATURE OF OFFERORCONTRACTOR 31b. NAME OF CONTRACTING OFFICER  27c. DATE SIGNED 31b. NAME OF CONTRACTING OFFICER 32d. PRINTED NAME AND TITLE OF 32d. PRINTED NAME AND TITLE OF 32d. PRINTED NAME AND TITLE OF 32d. PRINTED DAME AND TITLE OF	United States	25-0526						
17h.	EQUIFAX INFO 1550 Peachtree S Atlanta, GA 303 United States	ORMATION SERVICES LLC St. NE	General Services Administration (FUND) The contractor shall follow these Invoice Submission Instructions. The contractor shall submit invoices electronically by logging into the ASSIST portal (https://portal.fas.gsa.gov), navigating to the appropriate order, and creating the invoice for that order. For additional assistance contact the ASSIST Helpdesk at 877-472-4877. Do NOT submit any invoices directly to the					
TIEM NO   SCHEDULE OF SUPPLIES/SERVICES   QUANTITY   UNIT   UNIT PRICE   AMOUNT				DICES TO ADDR	RESS SHOWN IN BLOCK 18a UNLI	ESS BLOCK BELO	OW IS CHECKED	
Identity Proofing Services Task 1 - CLIN 0001   Identity Proofing Services Task 1 - CLIN 0001   Identity Proofing Services Task 1 - CLIN 0002   Implementation Fee - CLIN 0002   Implementation Fee - CLIN 0003   Identity Proofing Services Task 1 - CLIN 0004   Identity P	ITEM NO	SCHEDULE OF SUPPLIES	/SERVICES		UNIT	UNIT PRICE AMOUNT		
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Initial Solution Consulting- CLIN 0003   (b) (4)   (b) (4)	I <del></del>		N 0001		,			
D004   Follow-on Solution Consulting- CLIN 0004   D1 (4)   D2 (4)   D2 (4)   D3 (4)   D3 (4)   D4 (4)   D4 (4)   D5 (4)   D5 (4)   D6 (4	II	1			(b) (4)	(b) (4)		
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32e. MAILING ADDRESS OF AUTHORIZED GOVERNMENT REPRESENTATIVE		32g. E-MAIL OF AUTHORIZED GOVERNMENT REPRESENTATIVE				
33. SHIP NUMBER 34. VOUCHER NUMBER		35. AMOUNT VERIFIED CORRECT FOR	36. PAYMENT			
37. CHECK NUMBER		38. S/R ACCOUNT NUMBER	39. S/R VOUCHER NUMBER	40. PAID BY		
41a. I CERTIFY THIS ACCOUNT IS CORRECT AND PROPER FOR PAYMENT		42a. RECEIVED BY (Print)				
41b. SIGNATURE	41c. DATE		42b. RECEIVED AT (Location)			
AND TITLE OF CERTIFYING OFFICER GSA Finance Customer Support 816-926-7287			42c. DATE REC'D (YY/MM/DD)	42d. TOTAL CONTAINERS		
REPRODUCTION CONT		CONT	EVERSE SIDE FOR OMB ROL NUMBER AND PAPERWORK EN STATEMENT	OL NUMBER AND PAPERWORK		